

Exhibit F
Inmate File of Jeffery Bernard Sanford
Part 2

LEE COUNTY SHERIFF'S OFFICE

INMATE RELEASE SHEET

PAGE 1

11/20/2005 19:38:14

BOOKING NO: 050005485

INMATE NAME: SANFORD JEFFERY BERNARD

ALIAS:

ALIAS:

ADDRESS: 218 ROXBURY CT #510

CITY/ST/ZIP: OPELIKA, AL 36801

HOME PHONE: 000-745-0325

DOB: 12/20/1965 AGE: 39

PLCE BIRTH: INDIANAPOLLIS

STATE: IN

M. STATUS: SINGLE

RELIGION: CHRISTIAN

GANG ASSOC: NONE

SCARS/TATTOOS: NONE

KNOWN ENEMIES: NONE

REMARKS: NONE

RACE: B SEX: M

HT: 6'01" HAIR: BLK

WT: 255 EYES: BRO

COMPLEX:

SSN: 348-88-8885

DL ST: AL DLN: 12126889

SID:

LOCID: 3823

----- NEXT OF KIN -----

NEXT OF KIN: JOAN FOREMAN

ADDRESS: SAA

CITY/ST/ZIP: ,

REMARKS:

RELATIONSHIP: FRIEND

PHONE: 000-864-0973

----- EMPLOYER INFO -----

EMPLOYED: Y

EMPLOYER NAME: SOUTHERN UNION

ADDRESS:

CITY/ST/ZIP: OPELIKA, AL 36801

PHONE: 334-745-0325

----- MEDICAL -----

HANDICAPPED: Y NEEDS:

GLASSES: N SMOKE: N

MEDICAL NEEDS: N NEEDS: N

PHYSICIAN:

PHONE: 000-000-0000

REMARKS: FRACTURED WRIST,

REMARKS: ALLERGEIC TO PENNCILLIN, WASP STINGS, BEE STINGS

REMARKS:

----- PROPERTY -----

CASH: \$00.13

DESCRIPTION: TABAGAN (BLUE), BRO BELT

ADD. PROPERTY: STREET CLOTHES

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER: 164

VEH IMPOUNDED: N

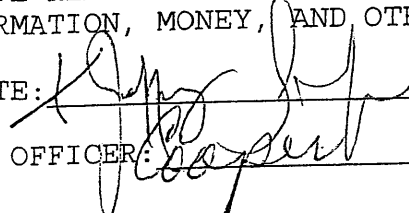
IMPOUND LOT:

REMARKS:

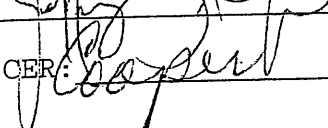
REMARKS:

=====

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: 

DATE: 11-20-05 TIME: 19:38

BOOK OFFICER: 

DATE: 11-20-05 TIME: 19:38

LEE COUNTY SHERIFF'S OFFICE

INMATE RELEASE SHEET

PAGE 2

11/20/2005 19:38:14

BOOKING NO: 050005485

INMATE NAME: SANFORD JEFFERY BERNARD

COURT:

ATTORNEY ON REC:

JUDGE:

PHONE: 000-000-0000

REMARKS:

REMARKS:

BOOK DATE: 11/17/2005 BOOK TIME: 23:45 BOOK TYPE: NORMAL

ARREST DATE: 11/17/2005

BOOKING OFFICER: DOWDELL S

ARREST DEPT: APD

CELL ASSIGNMENT:

ARREST OFFICER: LEY

MEAL CODE: 01 LEE COUNTY

PROJ. RLS DATE: 00/00/0000

FACILITY: 01 COUNTY JAIL

SEARCH OFFICER: PANTELLIS

CLASSIFICATION:

TYPE SEARCH: PAT

WORK RELEASE: N

INTOX RESULTS: SOBER

HOLDS: N

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

NOTES:

NOTES:

NOTES:

RELEASE DATE: 11/20/2005 RELEASE TIME: 19:37 # DAYS SERVED: 4

RELEASE OFFICER: COOPER

RELEASE TYPE: BAD BOYZ BONDING

REMARKS: NCIC CLEAR BY SHERRIE

REMARKS:

REMARKS:

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE:

DATE: 11-20-05

TIME: 19:38

BOOK OFFICER:

DATE: 11-20-05

TIME: 19:38

LEE COUNTY SHERIFF'S OFFICE

INMATE CHARGE SHEET

PAGE 3

1/20/2005 19:38:14

BOOKING NO: 050005485 INMATE NAME: SANFORD JEFFERY BERNARD

CHARGE NO: 1 DISPOSITION: RELEASED HOLD: Y

ALA STATUTE: 013A-08-0004 # OF COUNTS: 0
OFFENSE: THEFT 2-SHOPLIFTING WARRANT #:
CASE #: 013A-08-0004 FINE: \$0.00
BOND AMT: 3000
BAIL AMT: 3000 SENTENCE DATE: 00/00/0000
INIT APPEAR: 00/00/0000
RELEASE DTE: 11/20/2005 ARST AGENCY: APD
ARREST DATE: 11/17/2005 COUNTY: LEE
ARST OFFICR: LEY JUDGE:
COURT: DIST ATTORNEY:
DEF ATTORNY:
COMMENTS:
COMMENTS:
COMMENTS: INMATE RELEASED BY L43D36

CHARGE NO: 2 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: # OF COUNTS: 6
OFFENSE: NWNISX6 WARRANT #:
CASE #:
BOND AMT: 250X6=1500 FINE: \$0.00
BAIL AMT: SENTENCE DATE: 00/00/0000
INIT APPEAR: 00/00/0000
RELEASE DTE: 11/20/2005 ARST AGENCY: LCSO
ARREST DATE: 11/18/2005 COUNTY: LEE
ARST OFFICR: BETHANY JUDGE:
COURT: DIST ATTORNEY:
DEF ATTORNY:
COMMENTS:
COMMENTS:
COMMENTS: INMATE RELEASED BY L43D36

11/17/2005

23:49:15

INMATE BOOKING SHEET

PAGE 1

BOOKING NO: 050005485

INMATE NAME: SANFORD JEFFERY BERNARD

ALIAS:

ALIAS:

ADDRESS: 212 ROBBEN ST #510

CITY/ST/ZIP: OPELIKA, AL 36801

HOME PHONE: 000-745-0325

DOB: 02/28/1965 AGE: 39

PLCE BIRTH: INDIANAPOLLIS

STATE: IN

M. STATUS: SINGLE

RELIGION: CHRISTIAN

GANG ASSOC: NONE

SCARS/TATTOOS: NONE

KNOWN ENEMIES: NONE

REMARKS: NONE

RACE: B SEX: M

HT: 6'01" HAIR: BLK

WT: 255 EYES: BRO

COMPLEX:

SSN: 010-00-0005

DL ST: AL DLN: 0012060

SID:

LOCID: 3823

NEXT OF KIN

NEXT OF KIN: JOAN FOREMAN

ADDRESS: SAA

CITY/ST/ZIP: ,

REMARKS:

RELATIONSHIP: FRIEND

PHONE: 000-864-0973

EMPLOYER INFO

EMPLOYED: Y

EMPLOYER NAME: SOUTHERN UNION

ADDRESS:

CITY/ST/ZIP: OPELIKA, AL 36801

PHONE: 334-745-0325

MEDICAL

HANDICAPPED: Y NEEDS:

GLASSES: N SMOKE: N

MEDICAL NEEDS: N NEEDS: N

PHYSICIAN:

REMARKS: FRACTURED WRIST,

PHONE: 000-000-0000

REMARKS: ALLERGEIC TO PENNCILLIN, WASP STINGS, BEE STINGS

REMARKS:

PROPERTY

CASH: \$00.13

DESCRIPTION: TABAGAN(BLUE), BRO BELT

ADD. PROPERTY: STREET CLOTHES

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER: 164

VEH IMPOUNDED: N

IMPOUND LOT:

REMARKS:

REMARKS:

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: XDATE: 11/17TIME: 23:44BOOK OFFICER: DowdellDATE: 11/17TIME: 23:44

11/17/2005 23:49:15 LEE COUNTY SHERIFF'S OFFICE
INMATE BOOKING SHEET PAGE 2
=====

BOOKING NO: 050005485 INMATE NAME: SANFORD JEFFERY BERNARD
=====

COURT: ATTORNEY ON REC:
JUDGE: PHONE: 000-000-0000
REMARKS:
REMARKS:

BOOK DATE: 11/17/2005 BOOK TIME: 23:45 BOOK TYPE: NORMAL

ARREST DATE: 11/17/2005 BOOKING OFFICER: DOWDELL S
ARREST DEPT: APD CELL ASSIGNMENT: HC3
ARRST OFFICER: LEY MEAL CODE: 01 LEE COUNTY
PROJ. RLSDATE: 00/00/0000 FACILITY: 01 COUNTY JAIL
SEARCH OFFCR: PANTELLIS CLASSIFICATION:
TYPE SEARCH: PAT WORK RELEASE: N
INTOX RESULTS: SOBER

HOLDS: N
AGENCY: REASON:
AGENCY: REASON:
AGENCY: REASON:
AGENCY: REASON:

NOTES:
NOTES:
NOTES:

11/17/2005 23:49:15

LEE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET

PAGE 3

BOOKING NO: 050005485 INMATE NAME: SANFORD JEFFERY BERNARD

CHARGE NO: 1 DISPOSITION: OPEN HOLD: Y

ALA STATUTE: 013A-08-0004
OFFENSE: THEFT 2-SHOPLIFTING
CASE #: 013A-08-0004# OF COUNTS: 0
WARRANT #:BOND AMT: 3000
BAIL AMT: 3000

FINE: \$0.00

INIT APPEAR: 00/00/0000
RELEASE DTE: 00/00/0000
ARREST DATE: 11/17/2005
ARST OFFICR: LEY

SENTENCE DATE: 00/00/0000

ARST AGENCY: APD
COUNTY: LEE
JUDGE:COURT:
DEF ATTORNY:
COMMENTS:
COMMENTS:
COMMENTS:

DIST ATTORNEY:

11/17/2005 23:49:15 LEE COUNTY SHERIFF'S OFFICE
 MEDICAL SCREENING FORM PAGE 1

Booking No: 050005485 Date: 11/17/2005 Time: 23:45 Type: NORMAL
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: SANFORD JEFFERY BERNARD Race: B Sex: M
 DOB: ~~11/20/1965~~ Age: 39 SSN: ~~123-45-6789~~ Height: 6'01" Weight: 255

- N 1. Is inmate unconscious?
- N 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
- N 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
- N 4. Any signs of poor skin condition, vermin, rashes or needle marks?
- N 5. Does inmate appear to be under the influence of drugs or alcohol?
- N 6. Any visible signs of alcohol or drug withdrawal?
- N 7. Does inmate's behavior suggest the risk of suicide or assault?
- N 8. Is inmate carrying any medication?
- N 9. Does the inmate have any physical deformities?
- N 10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?
- | | | |
|-----------------------|----------------------------------|------------------------------|
| <u>N</u> a. Allergies | <u>N</u> f. Fainting Spells | <u>N</u> k. Seizures |
| <u>N</u> b. Arthritis | <u>N</u> g. Hearing Condition | <u>N</u> l. Tuberculosis |
| <u>N</u> c. Asthma | <u>N</u> h. Hepatitis | <u>N</u> m. Ulcers |
| <u>N</u> d. Diabetes | <u>N</u> i. High Blood Pressure | <u>N</u> n. Venereal Disease |
| <u>N</u> e. Epilepsy | <u>Y</u> j. Psychiatric Disorder | <u>N</u> o. Other (Specify) |

Other: _____

12. For females only:

- _____ a. Are you pregnant?
- _____ b. Do you take birth control pills?
- _____ c. Have you recently delivered?

11/17/2005 23:49:15

LEE COUNTY SHERIFF'S OFFICE
MEDICAL SCREENING FORM

PAGE 2

Booking No: 050005485 Date: 11/17/2005 Time: 23:45 Type: NORMAL
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: SANFORD JEFFERY BERNARD Race: B Sex: M
 DOB: ~~12/30/1965~~ Age: 39 SSN: ~~518-88-5055~~ Height: 6'01" Weight: 255

- N 13. Have you recently been hospitalized or treated by a doctor?
- N 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- N 15. Are you allergic to any medication?
- N 16. Do you have any handicaps or conditions that limit activity?
- N 17. Have you ever attempted suicide or are you thinking about it now?
- N 18. Do you regularly use alcohol or street drugs?
- N 19. Do you have any problems when you stop drinking or using drugs?
- N 20. Do you have a special diet prescribed by a physician?
- N 21. Do you have any problems or pain with your teeth?
- N 22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: X [Signature]DATE: 11/17TIME: 23:49BOOK OFFICER: douglasDATE: 11/17TIME: 23:49

LEE COUNTY SHERIFF'S OFFICE

07/11/2005 16:57:24

INMATE RELEASE SHEET

PAGE 1

BOOKING NO: 050003145

INMATE NAME: SANFORD JEFFERY BERNARD

ALIAS:

ALIAS:

ADDRESS: 612 BORDEN ST #340

CITY/ST/ZIP: OPELIKA, AL 36801

HOME PHONE: 000-713-0523

DOB: 12/30/1965 AGE: 39

PLCE BIRTH: INDIANAPOLLIS

STATE: IN

M. STATUS:

RELIGION: CHRISTIAN

GANG ASSOC: NONE

SCARS/TATTOOS: NONE

KNOWN ENEMIES: NONE

REMARKS: NONE

RACE: B SEX: M

HT: 6'01" HAIR: BLK

WT: 255 EYES: BRO

COMPLEX:

SSN: 518-00005

DL ST: AL DLN: 56128865

SID:

LOCID: 3823

----- NEXT OF KIN -----

NEXT OF KIN: JOAN FOREMAN

ADDRESS: SAA

CITY/ST/ZIP: ,

REMARKS:

RELATIONSHIP: FRIEND

PHONE: 000-864-0973

----- EMPLOYER INFO -----

EMPLOYED: Y

EMPLOYER NAME: SANFORD & SON'S CONTRACTOR

ADDRESS:

CITY/ST/ZIP: OPELIKA, AL 36801

PHONE: 334-524-7600

----- MEDICAL -----

HANDICAPPED: Y NEEDS:

GLASSES: N SMOKE: N

MEDICAL NEEDS: N NEEDS: N

PHYSICIAN:

PHONE: 000-000-0000

REMARKS: FRACTURED WRIST,

REMARKS: ALLERGEIC TO PENNCILLIN, WASP STINGS, BEE STINGS

REMARKS:

----- PROPERTY -----

CASH: \$03.18

DESCRIPTION:

ADD. PROPERTY: 1 BILLFOLD 1 LIGHTER

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER: 256

VEH IMPOUNDED:

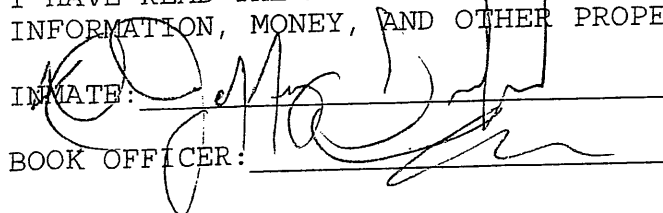
IMPOUND LOT:

REMARKS:

REMARKS:

=====

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: DATE: 

TIME: _____

BOOK OFFICER: DATE: 

TIME: _____

07/11/2005 16:57:24

LEE COUNTY SHERIFF'S OFFICE
INMATE RELEASE SHEET

PAGE 2

BOOKING NO: 050003145

INMATE NAME: SANFORD JEFFERY BERNARD

COURT:

ATTORNEY ON REC:

JUDGE:

PHONE: 000-000-0000

REMARKS:

REMARKS:

BOOK DATE: 07/09/2005 BOOK TIME: 11:04 BOOK TYPE: NORMAL

ARREST DATE: 00/00/0000

BOOKING OFFICER: COOPER

ARREST DEPT: LCSO

CELL ASSIGNMENT:

ARRST OFFICER: CPL DOWDELL

MEAL CODE: 01 LEE COUNTY

PROJ. RLSDATE: 00/00/0000

FACILITY: 01 COUNTY JAIL

SEARCH OFFCR:

CLASSIFICATION:

TYPE SEARCH:

WORK RELEASE: N

INTOX RESULTS:

HOLDS: N

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

NOTES:

NOTES:

NOTES:

RELEASE DATE: 07/11/2005 RELEASE TIME: 16:56 # DAYS SERVED: 3

RELEASE OFFICER: THOMAS D34

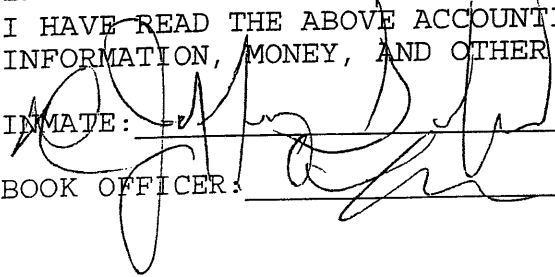
RELEASE TYPE: ORDER OF RELEASE

REMARKS: CLEAR/MENEFIELD

REMARKS:

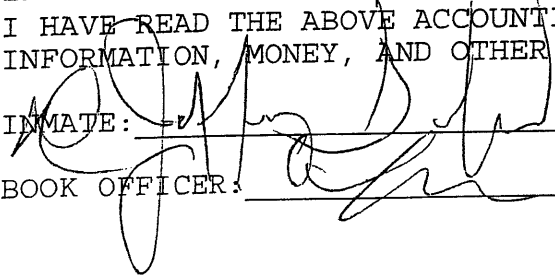
REMARKS:

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL
INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: 

DATE: 7/11

TIME: _____

BOOK OFFICER: 

DATE: 7/11

TIME: _____

07/11/2005 16:57:24 LEE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET PAGE 3

=====

BOOKING NO: 050003145 INMATE NAME: SANFORD JEFFERY BERNARD

=====

CHARGE NO: 1 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: DR 1996 000492.00

OF COUNTS: 1

OFFENSE: FTA/CHILD SUPPORT

WARRANT #:

CASE #: DR 1996 000492.00

BOND AMT: NO BOND

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 07/11/2005

ARREST DATE: 07/09/2005

ARST AGENCY: LCSO

ARST OFFICR: CPL DOWDELL

COUNTY: LEE

COURT:

JUDGE: JACOB A. WALKER

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS: INMATE RELEASED BY D08

07/09/2005 11:23:09

LEE COUNTY SHERIFF'S OFFICE
INMATE BOOKING SHEET

PAGE 1

BOOKING NO: 050003145

INMATE NAME: SANFORD JEFFERY BERNARD

ALIAS:

ALIAS:

ADDRESS: ~~212 ROBBIN CT #510~~

CITY/ST/ZIP: OPELIKA, AL 36801

HOME PHONE: ~~088 715 0525~~DOB: ~~08/28/1985~~ AGE: 39

PLCE BIRTH: INDIANAPOLLIS

STATE: IN

M. STATUS:

RELIGION: CHRISTIAN

GANG ASSOC: NONE

SCARS/TATTOOS: NONE

KNOWN ENEMIES: NONE

RACE: B

SEX: M

HT: 6'01" HAIR: BLK

WT: 255 EYES: BRO

COMPLEX:

SSN: ~~000 00 0000~~

DL ST: AL

DLN: ~~50120000~~

SID:

LOCID: 3823

clear
*Ms. Newfield*STATE OF ALABAMA
UNIFIED JUDICIAL SYSTEM
LEE COUNTY FORM CC-20

COMMITTAL TO CUSTODY

CASE NUMBER

DR 96-492
ID VP Com NState of Alabama
Unified Judicial SystemORDER OF RELEASE
FROM JAIL

Case Number

Form C-42 Rev 6/88

DR 96-492
CC 92-74IN THE CircuitCOURT OF Lee

CC 86-12 COUNTY

STATE OF ALABAMA

v. Jeffery Sanford

TO THE JAILER WITH CUSTODY OF THE DEFENDANT

You are ordered to release from your custody the above named defendant, charged with the offense of FTA

Reason for Release

Paid Parole \$300.00 to child support
cc cases if writs are with drawnDate 7-11-05

COURT RECORD (Original)

JAILER (Copy)

Judge/Clerk

By:

DONE this the 11 day of July, 2005.*[Signature]*
JUDGE

I HAVE READ THE ABOVE ACCOUNTING OF THE DEFENDANT'S PERSONAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE *[Signature]*

DATE: _____

TIME: _____

BOOK OFFICER: *[Signature]*

DATE: _____

TIME: _____

LEE COUNTY SHERIFF'S OFFICE
MEDICAL SCREENING FORM

PAGE 2

07/09/2005 11:23:09

Booking No: 050003145 Date: 07/09/2005 Time: 11:04 Type: NORMAL
 Inmate to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: SANFORD JEFFERY BERNARD Race: B Sex: M
 DOB: ~~02/28/1965~~ Age: 39 SSN: ~~018-88-5055~~ Height: 6'01" Weight: 255

- Y 13. Have you recently been hospitalized or treated by a doctor?
N 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
Y 15. Are you allergic to any medication? - *Penicillin*
Y 16. Do you have any handicaps or conditions that limit activity?
N 17. Have you ever attempted suicide or are you thinking about it now?
N 18. Do you regularly use alcohol or street drugs?
N 19. Do you have any problems when you stop drinking or using drugs?
Y 20. Do you have a special diet prescribed by a physician?
Y 21. Do you have any problems or pain with your teeth?
~~Y~~ 22. Do you have any other medical problems we should know about?

(13) 6-05 EAMC

05-05 - Newton Co Courthouse GA

01-05 - EAMC - ~~01-05~~ Sike Ward

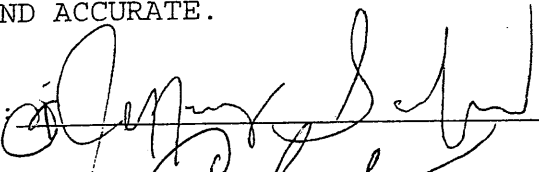
(16) Chloroquine - EAMC - Out of Breath Jail

(21) Tooth Sore - Need 1 pulled

(23) Medical Condition

Abnormal ST-MACH TRACK

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: 

DATE: 7-10-05 TIME: _____

BOOK OFFICER: 

DATE: _____ TIME: _____

LEE COUNTY SHERIFF'S OFFICE

07/09/2005 11:23:09

MEDICAL SCREENING FORM

PAGE 1

Booking No: 050003145 Date: 07/09/2005 Time: 11:04 Type: NORMAL
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: SANFORD JEFFERY BERNARD Race: B Sex: M
 DOB: 05/08/1955 Age: 39 SSN: [REDACTED] Height: 6'01" Weight: 255

- N*
1. Is inmate unconscious?
 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
 4. Any signs of poor skin condition, vermin, rashes or needle marks?
 5. Does inmate appear to be under the influence of drugs or alcohol?
 6. Any visible signs of alcohol or drug withdrawal?
 7. Does inmate's behavior suggest the risk of suicide or assault?
 8. Is inmate carrying any medication?
 9. Does the inmate have any physical deformities?
 10. Does inmate appear to have psychiatric problems?
 11. Do you have or have you ever had or has anyone in your family ever had any of the following?

- | | | |
|-----------------------|----------------------------------------------|------------------------------|
| <i>N</i> a. Allergies | <i>Y</i> f. Fainting Spells | <i>N</i> k. Seizures |
| <i>Y</i> b. Arthritis | <i>Y</i> g. Hearing Condition <i>PARTIAL</i> | <i>N</i> l. Tuberculosis |
| <i>N</i> c. Asthma | <i>N</i> h. Hepatitis | <i>Y</i> m. Ulcers |
| <i>Y</i> d. Diabetes | <i>Y</i> i. High Blood Pressure | <i>N</i> n. Venereal Disease |
| <i>Y</i> e. Epilepsy | <i>Y</i> j. Psychiatric Disorder | <i>—</i> o. Other (Specify) |

Other: _____

UNDER MENTAL OBSERVATIONS EAMH
Sinus Problems

12. For females only:

- ___ a. Are you pregnant?
 ___ b. Do you take birth control pills?
 ___ c. Have you recently delivered?

LEE COUNTY SHERIFF'S OFFICE
INMATE BOOKING SHEET

PAGE 2

07/09/2005 11:23:09

BOOKING NO: 050003145

INMATE NAME: SANFORD JEFFERY BERNARD

COURT:

ATTORNEY ON REC:

JUDGE:

PHONE: 000-000-0000

REMARKS:

REMARKS:

BOOK DATE: 07/09/2005 BOOK TIME: 11:04 BOOK TYPE: NORMAL

ARREST DATE: 00/00/0000

BOOKING OFFICER: COOPER

ARREST DEPT: LCSO

CELL ASSIGNMENT: D4

ARRST OFFICER: CPL DOWDELL

MEAL CODE: 01 LEE COUNTY

PROJ. RLS DATE: 00/00/0000

FACILITY: 01 COUNTY JAIL

SEARCH OFFCR:

CLASSIFICATION:

TYPE SEARCH:

WORK RELEASE: N

INTOX RESULTS:

HOLDS: N

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

NOTES:

NOTES:

NOTES:

07/09/2005 11:23:09 LEE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET PAGE 3

BOOKING NO: 050003145 INMATE NAME: SANFORD JEFFERY BERNARD

CHARGE NO: 1 DISPOSITION: OPEN HOLD: N

ALA STATUTE: DR 1996 000492.00

OF COUNTS: 1

OFFENSE: FTA/CHILD SUPPORT

WARRANT #:

CASE #: DR 1996 000492.00

BOND AMT: NO BOND

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 07/09/2005

ARST AGENCY: LCSO

ARST OFFICR: CPL DOWDELL

COUNTY: LEE

COURT:

JUDGE: JACOB A. WALKER

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

EE COUNTY SHERIFF'S OFFICE
INMATE RELEASE SHEET

PAGE 1

10/22/2004 17:15:28

BOOKING NO: 040005012

INMATE NAME: SANFORD JEFFERY BERNARD

ALIAS:

ALIAS:

RACE: B

SEX: M

HT: 6'01" HAIR: BLK

WT: 255 EYES: BRO

ADDRESS: [REDACTED]

CITY/ST/ZIP: OPELIKA, AL 36801

HOME PHONE: [REDACTED]

COMPLEX:

SSN: [REDACTED]

DOB: [REDACTED] AGE: 38

DL ST: AL

DLN: [REDACTED]

PLCE BIRTH: INDIANAPOLLIS

SID:

STATE: IN

LOCID: 3823

M. STATUS:

RELIGION: CHRISTIAN

GANG ASSOC: NONE

SCARS/TATTOOS: NONE

KNOWN ENEMIES: NONE

REMARKS: NONE

----- NEXT OF KIN -----

NEXT OF KIN: BARBARA SANFORD

RELATIONSHIP: WIFE

ADDRESS: SAA

PHONE: 000-000-0000

CITY/ST/ZIP: ,

REMARKS:

----- EMPLOYER INFO -----

EMPLOYED: Y

EMPLOYER NAME: SANFORD & SON'S CONTRACTOR

ADDRESS:

CITY/ST/ZIP: OPELIKA, AL 36801

PHONE: 334-524-7600

----- MEDICAL -----

HANDICAPPED: Y NEEDS:

GLASSES: N SMOKE: N

MEDICAL NEEDS: N NEEDS: N

PHYSICIAN:

PHONE: 000-000-0000

REMARKS: FRACTURED WRIST,

REMARKS: ALLERGENIC TO PENNCILLIN, WASP STINGS, BEE STINGS

----- PROPERTY -----

CASH: \$00.06

DESCRIPTION:

ADD. PROPERTY: BOX W/ PROPERTY

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER: 76

VEH IMPOUNDED:

IMPOUND LOT:

REMARKS:

REMARKS:

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: [Signature]

DATE: [Signature]

TIME: [Signature]

BOOK OFFICER: [Signature]

DATE: 10/22

TIME: [Signature]

LEE COUNTY SHERIFF'S OFFICE
INMATE RELEASE SHEET

PAGE 2

10/22/2004 17:15:28

BOOKING NO: 040005012

INMATE NAME: SANFORD JEFFERY BERNARD

COURT:
JUDGE:
REMARKS:
REMARKS:ATTORNEY ON REC:
PHONE: 000-000-0000

BOOK DATE: 10/22/2004 BOOK TIME: 10:52 BOOK TYPE: NORMAL

ARREST DATE: 10/22/2004
ARREST DEPT: LCSO
ARRST OFFICER: MACZEK
PROJ. RLS DATE: 00/00/0000
SEARCH OFFCR:
TYPE SEARCH:
INTOX RESULTS:BOOKING OFFICER: BLACK
CELL ASSIGNMENT:
MEAL CODE: 01 LEE COUNTY
FACILITY: 01 COUNTY JAIL
CLASSIFICATION:
WORK RELEASE: NHOLDS: N
AGENCY:
AGENCY:
AGENCY:
AGENCY:REASON:
REASON:
REASON:
REASON:NOTES:
NOTES:
NOTES:

RELEASE DATE: 10/22/2004 RELEASE TIME: 17:12 # DAYS SERVED: 1

RELEASE OFFICER: MOORE D26
RELEASE TYPE: COURT ORD RLSE
REMARKS: REVIEW HRG 12/14/04 @ 8:30 AM
REMARKS:
REMARKS:I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL
INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.INMATE: [Signature] DATE: _____ TIME: _____
BOOK OFFICER: [Signature] DATE: 10/22 TIME: _____

EE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET

10/22/2004 17:15:28

PAGE 3

BOOKING NO: 040005012

INMATE NAME: SANFORD JEFFERY BERNARD

CHARGE NO: 1 DISPOSITION: RELEASED

HOLD: N

ALA STATUTE: DR96-492

OF COUNTS: 1

OFFENSE: C/S

WARRANT #:

CASE #:

BOND AMT: 0

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 10/22/2004

ARST AGENCY: LCSO

ARST OFFICER: MACZEK

COUNTY:

COURT:

JUDGE: WALKER

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS: REVIEW HRG 12/14/04 @ 8:30 AM

COMMENTS:

COMMENTS:

10/22/2004 10:59:15 LEE COUNTY SHERIFF'S OFFICE
INMATE BOOKING SHEET PAGE 1
=====

BOOKING NO: 040005012

INMATE NAME: SANFORD JEFFERY BERNARD

ALIAS:

ALIAS:

ADDRESS: ~~818 ROBBEN CT #510~~

CITY/ST/ZIP: OPELIKA, AL 36801

HOME PHONE: ~~000-743-0323~~DOB: ~~12/30/1965~~ AGE: 38

PLCE BIRTH: INDIANAPOLLIS

STATE: IN

M. STATUS:

RELIGION: CHRISTIAN

GANG ASSOC: NONE

SCARS/TATTOOS: NONE

KNOWN ENEMIES: NONE

REMARKS: NONE

RACE: B

SEX: M

HT: 6'01" HAIR: BLK

WT: 255 EYES: BRO

COMPLEX:

SSN: ~~218 88 9895~~

DL ST: AL

DLN: ~~38126609~~

SID:

LOCID: 3823

NEXT OF KIN: BARBARA S

ADDRESS: SAA

CITY/ST/ZIP: ,

REMARKS:

TIONSHP: WIFE

PHONE: 000-000-0000

EMPLOYED: Y

EMPLOYER NAME: SANFORD & S

ADDRESS:

CITY/ST/ZIP: OPELIKA, AL 36801

PHONE: 334-524-7600

Handwritten notes:
 10/22/04
 22
 Tuscaloosa
 report
 off-tradition

State of Alabama Unified Judicial System Form C-42 Rev 6/88	ORDER OF RELEASE FROM JAIL	Case Number DR96-492
IN THE <u>Circuit</u> COURT OF <u>Lee</u> COUNTY		
STATE OF ALABAMA v. <u>Jeffery B. Sanford</u>		
TO THE JAILER WITH CUSTODY OF THE DEFENDANT		
You are ordered to release from your custody the above named defendant, charged with the offense of _____		
Reason for Release <u>Child Support</u>		
<u>Review Hearing 12/14/04 @ 8:30 AM</u>		
Date <u>10/22/04</u>	By: _____	
COURT RECORD (Original)	JAILER (Copy)	Judge/Clerk

INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: [Signature] DATE: _____ TIME: _____BOOK OFFICER: [Signature] DATE: _____ TIME: _____

LEE COUNTY SHERIFF'S OFFICE
INMATE BOOKING SHEET

PAGE 2

10/22/2004 10:59:15

BOOKING NO: 040005012

INMATE NAME: SANFORD JEFFERY BERNARD

ATTORNEY ON REC:

PHONE: 000-000-0000

COURT:

JUDGE:

REMARKS:

REMARKS:

BOOK DATE: 10/22/2004 BOOK TIME: 10:52 BOOK TYPE: NORMAL

ARREST DATE: 10/22/2004

ARREST DEPT: LCSO

ARRST OFFICER: MACZEK

PROJ. RLSDATE: 00/00/0000

SEARCH OFFCR:

TYPE SEARCH:

INTOX RESULTS:

BOOKING OFFICER: BLACK

CELL ASSIGNMENT: HC3

MEAL CODE: 01 LEE COUNTY

FACILITY: 01 COUNTY JAIL

CLASSIFICATION:

WORK RELEASE: N

HOLDS: N

AGENCY:

AGENCY:

AGENCY:

AGENCY:

REASON:

REASON:

REASON:

REASON:

NOTES:

NOTES:

NOTES:

10/22/2004 10:59:15 WALKER COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET PAGE 3
=====

BOOKING NO: 040005012 INMATE NAME: SANFORD JEFFERY BERNARD
=====

CHARGE NO: 1 DISPOSITION: OPEN HOLD: N

ALA STATUTE: DR96-492 # OF COUNTS: 1
OFFENSE: C/S WARRANT #:
CASE #:
BOND AMT: 0 FINE: \$0.00
BAIL AMT:
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000
RELEASE DTE: 00/00/0000
ARREST DATE: 10/22/2004 ARST AGENCY: LCSO
ARST OFFICR: MACZEK COUNTY:
COURT: JUDGE: WALKER
DEF ATTORNY: DIST ATTORNEY:
COMMENTS:
COMMENTS:
COMMENTS:

10/22/2004 10:59:17

LEE COUNTY SHERIFF'S OFFICE
MEDICAL SCREENING FORM

PAGE 2

Booking No: 040005012 Date: 10/22/2004 Time: 10:52 Type: NORMAL
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: SANFORD JEFFERY BERNARD Race: B Sex: M
 DOB: ~~10/22/1965~~ Age: 38 ~~SSN: 010-00-0000~~ Height: 6'01" Weight: 255

- N 13. Have you recently been hospitalized or treated by a doctor?
14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
15. Are you allergic to any medication?
16. Do you have any handicaps or conditions that limit activity?
17. Have you ever attempted suicide or are you thinking about it now?
18. Do you regularly use alcohol or street drugs?
19. Do you have any problems when you stop drinking or using drugs?
20. Do you have a special diet prescribed by a physician?
21. Do you have any problems or pain with your teeth?
22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: X [Signature] DATE: _____ TIME: _____

BOOK OFFICER: BZack DATE: _____ TIME: _____

10/22/2004 10:59:17 LEE COUNTY SHERIFF'S OFFICE
 MEDICAL SCREENING FORM PAGE 1
 =====
 Booking No: 040005012 Date: 10/22/2004 Time: 10:52 Type: NORMAL
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: SANFORD JEFFERY BERNARD Race: B Sex: M
 DOB: ~~12/30/1965~~ Age: 38 SSN: ~~310-88-5051~~ Height: 6'01" Weight: 255

N 1. Is inmate unconscious?

 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?

 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?

 4. Any signs of poor skin condition, vermin, rashes or needle marks?

 5. Does inmate appear to be under the influence of drugs or alcohol?

 6. Any visible signs of alcohol or drug withdrawal?

 7. Does inmate's behavior suggest the risk of suicide or assault?

 8. Is inmate carrying any medication?

 9. Does the inmate have any physical deformities?

 10. Does inmate appear to have psychiatric problems?

 11. Do you have or have you ever had or has anyone in your family ever had any of the following?

 a. Allergies f. Fainting Spells

 k. Seizures

 b. Arthritis g. Hearing Condition

 l. Tuberculosis

 c. Asthma h. Hepatitis

 m. Ulcers

 d. Diabetes i. High Blood Pressure

 n. Venereal Disease

 e. Epilepsy j. Psychiatric Disorder

 o. Other (Specify)

Other: _____

12. For females only:

 a. Are you pregnant?

 b. Do you take birth control pills?

 c. Have you recently delivered?

08/13/2003 01:12:09 JEFF COUNTY SHERIFF'S OFFICE
INMATE RELEASE SHEET PAGE 1

BOOKING NO: 030003117

INMATE NAME: SANFORD JEFFERY BERNARD

ALIAS:

ALIAS:

ADDRESS: 212 ROBBEN ST #510

CITY/ST/ZIP: OPELIKA, AL 36801

HOME PHONE: 334-524-7600

DOB: 12/30/1963 AGE: 37

PLCE BIRTH: INDIANAPOLLIS

STATE: IN

M. STATUS:

RELIGION: CHRISTIAN

GANG ASSOC: NONE

SCARS/TATTOOS: NONE

KNOWN ENEMIES: NONE

REMARKS: NONE

RACE: B SEX: M

HT: 6'01" HAIR: BLK

WT: 255 EYES: BRO

COMPLEX:

SSN: 212-34-5678

DL ST: AL DLN: 38126500

SID:

LOCID: 3823

----- NEXT OF KIN -----

NEXT OF KIN: BARBARA SANFORD

ADDRESS: SAA

CITY/ST/ZIP: ,

REMARKS:

RELATIONSHIP: WIFE

PHONE: 000-000-0000

----- EMPLOYER INFO -----

EMPLOYED: Y

EMPLOYER NAME: SANFORD & SON'S CONTRACTOR

ADDRESS:

CITY/ST/ZIP: OPELIKA, AL 36801

PHONE: 334-524-7600

----- MEDICAL -----

HANDICAPPED: Y NEEDS:

GLASSES: N SMOKE: N

MEDICAL NEEDS: N NEEDS: N

PHYSICIAN:

PHONE: 000-000-0000

REMARKS: FRACTURED WRIST,

REMARKS: ALLERGENIC TO PENNCILLIN, WASP STINGS, BEE STINGS

REMARKS:

----- PROPERTY -----

CASH: \$00.00

DESCRIPTION:

ADD. PROPERTY: PAPERS, BLK BILLFOLDER W/CONTENTS, DU-RAG, KEYS

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER: 216

VEH IMPOUNDED:

IMPOUND LOT:

REMARKS:

REMARKS:

=====

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: 

DATE: _____

TIME: _____

BOOK OFFICER: 

DATE: 8/13/07

TIME: 1112

08/13/2003 01:12:09 LEE COUNTY SHERIFF'S OFFICE
INMATE RELEASE SHEET PAGE 2

BOOKING NO: 030003117 INMATE NAME: SANFORD JEFFERY BERNARD

COURT: CIRCUIT ATTORNEY ON REC:
JUDGE: WALKER PHONE: 000-000-0000
REMARKS:
REMARKS:

BOOK DATE: 07/18/2003 BOOK TIME: 13:56 BOOK TYPE: NORMAL

ARREST DATE: 07/18/2003 BOOKING OFFICER: DOWDELL S
ARREST DEPT: LCSO CELL ASSIGNMENT:
ARRST OFFICER: TRANSCORE MEAL CODE: 01 LEE COUNTY
PROJ. RLSDATE: 00/00/0000 FACILITY: 01 COUNTY JAIL
SEARCH OFFCR: CLASSIFICATION:
TYPE SEARCH: WORK RELEASE: N
INTOX RESULTS:

HOLDS: N
AGENCY: REASON:
AGENCY: REASON:
AGENCY: REASON:
AGENCY: REASON:

NOTES:
NOTES:
NOTES:

RELEASE DATE: 08/13/2003 RELEASE TIME: 01:11 # DAYS SERVED: 27

RELEASE OFFICER: COWHICK
REMARKS: RELEASED TO KILBY
REMARKS:
REMARKS:

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL
INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: _____ DATE: _____ TIME: _____

BOOK OFFICER: _____ DATE: _____ TIME: _____

08/13/2003 01:12:09 LEE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET PAGE 3

BOOKING NO: 030003117 INMATE NAME: SANFORD JEFFERY BERNARD

CHARGE NO: 1 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: DC1996-492 # OF COUNTS: 1
OFFENSE: FTA/CHILD SUPPORT WARRANT #:
CASE #: DC96-000492
BOND AMT: 0 FINE: \$0.00
BAIL AMT: 0
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000
RELEASE DTE: 08/13/2003
ARREST DATE: 07/18/2003 ARST AGENCY: TRANSCORE
ARST OFFICR: TRANSCORE COUNTY: LEE
COURT: DISTRICT JUDGE: WALKER
DEF ATTORNY: DIST ATTORNEY:
COMMENTS:
COMMENTS:
COMMENTS: INMATE RELEASED BY D36

CHARGE NO: 2 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: CC1992-074 # OF COUNTS: 1
OFFENSE: FTA/TOP II WARRANT #:
CASE #: CC92-000074
BOND AMT: 0 FINE: \$0.00
BAIL AMT: 0
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000
RELEASE DTE: 08/13/2003
ARREST DATE: 07/18/2003 ARST AGENCY: TRANSCORE
ARST OFFICR: TRANSCORE COUNTY: LEE
COURT: CIRCUIT JUDGE: WALKER
DEF ATTORNY: DIST ATTORNEY:
COMMENTS:
COMMENTS:
COMMENTS: INMATE RELEASED BY D36

CHARGE NO: 3 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: CC1986-012 # OF COUNTS: 1
OFFENSE: FTA ROBBERY I WARRANT #:
CASE #:
BOND AMT: 0 FINE: \$0.00
BAIL AMT: 0
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000
RELEASE DTE: 08/13/2003
ARREST DATE: 07/18/2003 ARST AGENCY: TRANSCORE
ARST OFFICR: TRANSCORE COUNTY: LEE
COURT: CIRCUIT JUDGE: WALKER
DEF ATTORNY: DIST ATTORNEY:
COMMENTS:
COMMENTS:
COMMENTS: INMATE RELEASED BY D36

08/13/2003 01:12:09 EE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET PAGE 4

BOOKING NO: 030003117 INMATE NAME: SANFORD JEFFERY BERNARD

CHARGE NO: 4 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: CC1986-012 # OF COUNTS: 1
OFFENSE: PAROLE VIOLATOR (ROBBERY I) WARRANT #:
CASE #: CC86-012
BOND AMT: NO BOND FINE: \$0.00
BAIL AMT:
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000
RELEASE DTE: 08/13/2003
ARREST DATE: 00/00/0000 ARST AGENCY:
ARST OFFICR: COUNTY:
COURT: JUDGE:
DEF ATTORNY: DIST ATTORNEY:
COMMENTS: SENTENCED TO 17 YRS/PAROLED ON 9-9-2002
COMMENTS:
COMMENTS: INMATE RELEASED BY D36

07/18/2003 14:15:28

LEE COUNTY SHERIFF'S OFFICE
INMATE BOOKING SHEET

PAGE 1

BOOKING NO: 030003117

INMATE NAME: SANFORD JEFFERY BERNARD

ALIAS:

ALIAS:

ADDRESS: ~~212 ROBBIN ST #10~~

CITY/ST/ZIP: OPELIKA, AL 36801

HOME PHONE: ~~678-715-0325~~DOB: ~~02/20/1985~~ AGE: 37

PLCE BIRTH: INDIANAPOLLIS

RACE: B SEX: M

HT: 6'01" HAIR: BLK

WT: 255 EYES: BRO

COMPLEX:

SSN: ~~212-000-0005~~DL ST: AL DLN: ~~3-0000009~~

SID:

LOCID: 3823

STATE OF ALABAMA
UNIFIED JUDICIAL SYSTEM
LEE COUNTY FORM CC-30

COMMITTAL TO CUSTODY

CASE NUMBER
11-86-012, 92-074
ID YR Case No.State of Alabama

PLAINTIFF,

VS.

Jeffrey Sanford

DEFENDANT.

IN THE CIRCUIT COURT OF

LEE COUNTY, ALABAMA

CASE NO. 11-86-012, 92-074The defendant, Jeffrey Sanford is

hereby committed to the custody of the Sheriff of Lee County, Alabama for:

Hold without bond pending Parole Hearing on CC-86-012, if Parole Hearing is found in favor of Def., then prize will be set @ \$500.00 Review 8/7/03 @ 8 AMDefendant's bond is hereby set at \$ 0DONE this the 21st day of July, 2003[Signature]
JUDGE

BIN NUMBER: WHIT BAG

VEH IMPOUNDED:

IMPOUND LOT:

REMARKS:

REMARKS:

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: [Signature] DATE: _____ TIME: _____BOOK OFFICER: [Signature] DATE: _____ TIME: _____

07/18/2003 14:15:28 LEE COUNTY SHERIFF'S OFFICE
INMATE BOOKING SHEET PAGE 2

BOOKING NO: 030003117 INMATE NAME: SANFORD JEFFERY BERNARD

COURT: CIRCUIT ATTORNEY ON REC:
JUDGE: WALKER PHONE: 000-000-0000
REMARKS:
REMARKS:

BOOK DATE: 07/18/2003 BOOK TIME: 13:56 BOOK TYPE: NORMAL

ARREST DATE: 07/18/2003 BOOKING OFFICER: DOWDELL S
ARREST DEPT: LCSO CELL ASSIGNMENT: F3
ARRST OFFICER: TRANSCORE MEAL CODE: 01 LEE COUNTY
PROJ. RLSDATE: 00/00/0000 FACILITY: 01 COUNTY JAIL
SEARCH OFFCR: CLASSIFICATION:
TYPE SEARCH: WORK RELEASE: N
INTOX RESULTS:

HOLDS: N
AGENCY: REASON:
AGENCY: REASON:
AGENCY: REASON:
AGENCY: REASON:

NOTES:
NOTES:
NOTES:

07/18/2003 14:15:28

LEE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET

PAGE 3

BOOKING NO: 030003117 INMATE NAME: SANFORD JEFFERY BERNARD

CHARGE NO: 1 DISPOSITION: OPEN

HOLD: N

ALA STATUTE:

OFFENSE: FTA/CHILD SUPPORT

CASE #: DC96-000492

BOND AMT: 0

BAIL AMT: 0

INIT APPEAR: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 07/18/2003

ARST OFFICR: TRANSCORE

COURT: DISTRICT

DEF ATTORNY:

COMMENTS:

COMMENTS:

COMMENTS:

OF COUNTS: 1

WARRANT #:

FINE: \$0.00

SENTENCE DATE: 00/00/0000

ARST AGENCY: TRANSCORE

COUNTY: LEE

JUDGE: WALKER

DIST ATTORNEY:

CHARGE NO: 2 DISPOSITION: OPEN

HOLD: N

ALA STATUTE:

OFFENSE: FTATOPII

CASE #: CC92-000074

BOND AMT: 0

BAIL AMT: 0

INIT APPEAR: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 07/18/2003

ARST OFFICR: TRANSCORE

COURT: CIRCUIT

DEF ATTORNY:

COMMENTS:

COMMENTS:

COMMENTS:

OF COUNTS: 1

WARRANT #:

FINE: \$0.00

SENTENCE DATE: 00/00/0000

ARST AGENCY: TRANSCORE

COUNTY: LEE

JUDGE: WALKER

DIST ATTORNEY:

CHARGE NO: 3 DISPOSITION: OPEN

HOLD: N

ALA STATUTE:

OFFENSE: FTA ROBBERY I

CASE #:

BOND AMT: 0

BAIL AMT: 0

INIT APPEAR: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 07/18/2003

ARST OFFICR: TRANSCORE

COURT: CIRCUIT

DEF ATTORNY:

COMMENTS:

COMMENTS:

COMMENTS:

OF COUNTS: 1

WARRANT #:

FINE: \$0.00

SENTENCE DATE: 00/00/0000

ARST AGENCY: TRANSCORE

COUNTY: LEE

JUDGE: WALKER

DIST ATTORNEY:

07/18/2003 14:15:28 DEER COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET PAGE 4
=====

BOOKING NO: 030003117 INMATE NAME: SANFORD JEFFERY BERNARD
=====

07/18/2003 14:15:30 LEE COUNTY SHERIFF'S OFFICE
 MEDICAL SCREENING FORM PAGE 1

Booking No: 030003117 Date: 07/18/2003 Time: 13:56 Type: NORMAL
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: SANFORD JEFFERY BERNARD Race: B Sex: M
 DOB: ~~02/28/1965~~ Age: 37 SSN: ~~██████████~~ Height: 6'01" Weight: 255

- N 1. Is inmate unconscious?
2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
4. Any signs of poor skin condition, vermin, rashes or needle marks?
5. Does inmate appear to be under the influence of drugs or alcohol?
6. Any visible signs of alcohol or drug withdrawal?
7. Does inmate's behavior suggest the risk of suicide or assault?
8. Is inmate carrying any medication?
9. Does the inmate have any physical deformities?
10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?
- | | | |
|-----------------------|----------------------------------|------------------------------|
| <u>Y</u> a. Allergies | <u>N</u> f. Fainting Spells | <u>N</u> k. Seizures |
| <u>N</u> b. Arthritis | <u>N</u> g. Hearing Condition | <u>N</u> l. Tuberculosis |
| <u>N</u> c. Asthma | <u>N</u> h. Hepatitis | <u>N</u> m. Ulcers |
| <u>N</u> d. Diabetes | <u>N</u> i. High Blood Pressure | <u>N</u> n. Venereal Disease |
| <u>N</u> e. Epilepsy | <u>N</u> j. Psychiatric Disorder | <u>N</u> o. Other (Specify) |

Other: ~~Broken~~ Fractured wrist / rt.

12. For females only:

- a. Are you pregnant?
- b. Do you take birth control pills?
- c. Have you recently delivered?

LEE COUNTY SHERIFF'S OFFICE

07/18/2003 14:15:30

MEDICAL SCREENING FORM

PAGE 2

Booking No: 030003117 Date: 07/18/2003 Time: 13:56 Type: NORMAL
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: SANFORD JEFFERY BERNARD Race: B Sex: M
 DOB: ~~07/18/1965~~ Age: 37 SSN: ~~311-22-8885~~ Height: 6'01" Weight: 255

- Y 13. Have you recently been hospitalized or treated by a doctor?
- Y 14. Do you currently take any non-prescription medication or medication prescribed by a doctor? IBUPROFEN 800 MG.
- Y 15. Are you allergic to any medication?
- X 16. Do you have any handicaps or conditions that limit activity?
- N 17. Have you ever attempted suicide or are you thinking about it now?
- N 18. Do you regularly use alcohol or street drugs?
- N 19. Do you have any problems when you stop drinking or using drugs?
- N 20. Do you have a special diet prescribed by a physician?
- N 21. Do you have any problems or pain with your teeth?
- Y 22. Do you have any other medical problems we should know about?

PenicillinTemp. Frac. Rt wrist

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: [Signature]

BOOK OFFICER: [Signature]

DATE: _____ TIME: _____

DATE: _____ TIME: _____

Inmate FileLEE COUNTY SHERIFF'S DEPARTMENT
SPECIAL REPORTSubject: INMATE JEFFERY BERNARD SANFORD OCA# 3823 Opelika, AL 4/25/2006

To the Sheriff of Lee County:

I report the following INMATE JEFFERY SANFORD CLAIMING LEG IRONS WERE ^{TO TIGHT} which occurred at 2010 o'clock this P M. at LEE COUNTY DETENTION CENTER

Below give full-particulars, together with name of principals and witness and their address

ON OR AROUND THE ABOVE DATE AND TIME, OFC. PHILLIPS 43D48
OFC. LIBERSAT 43D23, CPL. COBB 43D21, AND SGT. THREAT 43D17
WERE ON F-WING GATHERING INMATES FOR LAW LIBRARY. AFTER
OPENING CELL BLOCK F-4, INMATE JEFFERY SANFORD ENTERED THE
HALLWAY AND WAS INSTRUCTED TO FACE THE WALL BY OFC. PHILLIPS.
OFC. PHILLIPS PLACED THE RIGHT LEG IRON AROUND HIS RIGHT
ANKLE FIRST. OFC. PHILLIPS THEN PLACED THE LEFT LEG IRON
AROUND HIS LEFT ANKLE. INMATE JEFFERY SANFORD TOLD OFC.
PHILLIPS THAT THE LEFTSIDE WAS TO TIGHT. OFC. PHILLIPS LEANED
OVER TO CHECK THE LEG IRONS BY SLIDING HIS THUMB BETWEEN
THE LEG AND THE LEG IRON, JUST LIKE OFC. PHILLIPS WAS
INSTRUCTED TO DO AT THE 80 HOUR JAIL MANAGEMENT ACADEMY
THAT OFC. PHILLIPS ATTENDED IN JANUARY. INMATE JEFFERY SANFORD
TOLD SGT. THREAT THAT THE LEFT LEG IRON WAS TO TIGHT, SGT.
THREAT LEANED OVER TO CHECK BY SLIDING HIS THUMB BETWEEN
THE LEG AND THE LEG IRON, SGT. THREAT INFORMED INMATE JEFFERY
SANFORD THAT IT WAS NOT TIGHT AND INSTRUCTED INMATE JEFFERY
SANFORD TO FALL IN LINE WITH THE OTHER INMATES. INMATE JEFFERY
SANFORD REFUSED TO WALK UNLESS THE LEG IRONS WERE LOOSEND UP.
SGT. THREAT ADVISED HIM THAT IF HE DID NOT GO, HE WAS GOING
BACK INTO THE CELL. INMATE JEFFERY SANFORD STILL REFUSED SO
OFC. PHILLIPS TOOK THE LEG IRONS OFF AND INSTRUCTED INMATE
JEFFERY SANFORD TO GO BACK INTO THE CELL. A SPECIAL REPORT
WAS TAKEN AND SUBMITTED. NO FURTHER ACTIONS WERE TAKEN

RESPECTIVELY SUBMITTED BY
 MATTHEW PHILLIPS
 OFFICER 43D48
 CORRECTIONS DIVISION

Reported by: _____

Address: _____ Phone: _____

Complaint received by: _____ How: _____

Assigned to: _____



Front

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS

CBR4.

JUL 30 2003

CENTRAL RECORDS DIVISION
1400 LLOYD STREET
P.O. BOX 301501
MONTGOMERY, ALABAMA 36130-1501
(334) 240-9500

JUL 24, 2003

TO: MILES-PRUITT, CAROLYN
2311 GATEWAY DR
OPELIKA AL 36801

RE: SANFORD, JEFFREY BERNARD
DOB: 1275-07-05 R/S: BM AIS #: 00143572

DEAR SIR/MADAM:

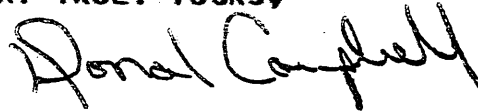
ENCLOSED IS OUR FUGITIVE WARRANT, FINGERPRINTS AND PHOTOGRAPH OF THE ABOVE NAMED PAROLE VIOLATOR. THE STATE BOARD OF PARDONS AND PAROLES HAS CAUSE TO BELIEVE THAT THE ABOVE NAMED PAROLED PRISONER HAS LAPSED, OR IS ABOUT TO LAPSE, INTO CRIMINAL WAYS OR COMPANY, OR HAS VIOLATED CONDITIONS OF HIS PAROLE IN AN IMPORTANT RESPECT ON JUL 18, 2003, AND IS NOW WANTED BY THIS DEPARTMENT. PLEASE USE OUR WARRANT AS A DETAINER. WE WILL EXTRADITE.

IF OUR FUGITIVE WARRANT IS NOT EXECUTED WITHIN SIXTY (60) DAYS, PLEASE RETURN SAME TO THIS OFFICE.

FOR COORDINATION OR INQUIRIES REGARDING THIS CASE, PLEASE CONTACT: ASST. DIR., INMATE RECORDS ADMINISTRATION, AT THE ABOVE ADDRESS OR TELEPHONE NUMBER.

THANKING YOU FOR YOUR COOPERATION IN THIS MATTER OF MUTUAL INTEREST, I AM

VERY TRULY YOURS,



DONAL CAMPBELL, COMMISSIONER
ALABAMA DEPARTMENT OF CORRECTIONS

ENCLOSURES

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
FUGITIVE WARRANT

TO: ANY PEACE OFFICER.

1. WHEREAS SANFORD, JEFFREY BERNARD, SERIAL NUMBER 00143572, WAS CONVICTED OF THE OFFENSES SPECIFIED ON PAGE 2 OF THIS WARRANT. THAT THE SAID CONVICT WAS SENTENCED TO IMPRISONMENT IN THE ALABAMA STATE PENITENTIARY FOR A TERM OF 17 YEARS, 0 MONTHS, AND 0 DAYS; THAT THE SAID CONVICT WAS THEREUPON CONFINED IN SAID PENITENTIARY IN ACCORDANCE WITH SAID SENTENCE; THAT THE SAID CONVICT THEREAFTER AND TO WIT: ON THE 9TH DAY OF SEP, 2002, THE SAID CONVICT WAS PAROLED BY THE STATE BOARD OF PARDONS AND PAROLES, PENDING GOOD BEHAVIOR: THEN ON THE 18TH DAY OF JUL, 2003, THE STATE PARDONS AND PAROLE BOARD, HAVING REASONABLE CAUSE TO BELIEVE THAT SAID PRISONER HAS LAPSED, OR IS ABOUT TO LAPSE, INTO CRIMINAL WAYS OR COMPANY OR HAS VIOLATED CONDITIONS OF HIS PAROLE IN AN IMPORTANT RESPECT, ORDERED SAID PAROLEE ARRESTED AND RETURNED TO THE CONFINES OF THE PENITENTIARY TO APPEAR BEFORE THE STATE BOARD OF PARDONS AND PAROLES WHO WILL DETERMINE THE PAROLE STATUS OF SAID PAROLEE.

2. WHEREFORE, THE UNDERSIGNED OF THE DEPARTMENT OF CORRECTIONS BY VIRTUE OF THE AUTHORITY CONFERRED UPON HIM BY THE STATE OF ALABAMA, DOES HEREBY AUTHORIZE AND DIRECT YOU TO RETAKE THE SAID PAROLE VIOLATOR WHEREVER HE MAY BE FOUND, FOR HIS RETURN TO THE SAID STATE DEPARTMENT OF CORRECTIONS, SITUATED IN MONTGOMERY IN THE STATE OF ALABAMA.

IN TESTIMONY THEREOF, I HAVE HEREUNTO SET MY HAND AND THE SEAL OF THE DEPARTMENT OF CORRECTIONS THIS 24TH DAY OF JUL, 2003.

DONAL CAMPBELL, COMMISSIONER
ALABAMA DEPARTMENT OF CORRECTIONS

PLEASE COMPLETE THE SECTION BELOW AND DELIVER TO AGENT(S) RECEIVING PRISONER.

STATE OF _____ COUNTY OF _____ THIS WRIT CAME TO HAND _____,
AND NOTIFYING THE STATE DEPARTMENT OF CORRECTIONS BY WIRE THAT THE PRISONER WAS
AVAILABLE FOR TRANSFER TO THE STATE OF ALABAMA, DEPARTMENT OF CORRECTIONS, AND
THAT EXTRADITION WAS _____ /WAS NOT _____ NECESSARY.

THE ABOVE LISTED CONVICT NAMED IN THIS WRIT WAS DELIVERED TO _____,
CORRECTIONS ON _____, 20 _____ FOR REMOVAL TO THE STATE OF ALABAMA.

ARRESTING OFFICER

IDENTIFICATION OFFICER

RECEIVED OF _____, AGENT(S) THE CONVICT, AIS # 00143572,
NAMED IN THIS WRIT. THIS THE _____ DAY OF _____, 20 _____.